

# For Veterans, an Alternative to the Nursing Home

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Alyson MartinWesley Ottis Furr, 95, left, and Booker Lovett, 79, share a room in a medical foster home in Pennsylvania.

Paulia and Bienne Bastia set two dinner tables in their house in Mount Airy, Pa., each night, one for their three children, and another for themselves and the two older men the children call “Grampa.”

The Army veterans Booker Lovett, 79, and Wesley Ottis Furr, 95, are not related to the Bastias or to each other, but this has been their home since late winter. They’re participants in the [Department of Veterans Affairs Medical Foster Home](#) program, which places veterans who need round-the-clock care in private homes.

Mr. Lovett, who previously lived with his sister in Philadelphia, had a stroke — he still has trouble speaking — and has glaucoma. Mr. Furr, who maintained his own Philadelphia home, remains talkative and agile despite his age.

The Bastia children, ages 5, 6, and 7, consider the veterans family. Mr. Bastia thinks of them as father figures — he calls each “my king.”

“I felt at home as soon as I come here,” Mr. Furr said.

Mrs. Bastia, 36, a certified nursing assistant, and Mr. Bastia, 45, owner of a tax preparation business, drive the men to appointments, serve meals tailored to their dietary needs and

administer medications. The Bastias can communicate with a nurse through a V.A.-provided telehealth monitor equipped with a video camera, blood pressure cuff and other equipment.

On a recent afternoon, Mrs. Bastia fastened the cuff on Mr. Furr's thin arm while a nurse at the Philadelphia V.A. Medical Center 13 miles away observed. "Thank you, your blood pressure reading has been accepted," said an automated voice from the monitor.

Medical foster homes provide an alternative to nursing homes for veterans who are unable to live safely and independently at home or lack a strong family caregiver. Conceived in 2000 by V.A. social workers in Little Rock, Ark., the program currently serves 535 veterans; it has cared for 1,468 since it began.

Though the veterans range in age from 23 to 101, their average age is 70. About half have some form of dementia. They often stay until they die, an average of 459 days.

"I know a lot of people suffering," Mrs. Bastia said, explaining why she decided to participate. "I used to work in nursing homes. I know how it's like when you get 14, 16 people to take care of. You don't have time to do what you're supposed to do. I figure out, if I take them to my house they can get more care."

Now operating through 73 V.A. sites in 36 states, the medical foster homes program is scheduled to expand to 10 more states within two years. Eventually, the V.A. hopes to introduce the program to all 153 of the agency's medical centers, said Dan Goedken, national program analyst.

It costs a site about \$260,000 a year to introduce the program; each site can serve up to 30 vets. The V.A. finances each place for two years, after which the program is expected to be self-sustaining, said Dr. Thomas Edes, national director of geriatrics and extended care operations at the V.A.

Though medical foster homes are intended to provide better care, not to reduce costs, they operate for half the cost of nursing homes. "It is quite likely that it will save V.A. money and taxpayer money and veterans' money," Dr. Edes said.

The Bastias, who met in Florida after emigrating from Haiti, went through months of interviews and background checks to qualify as caregivers. A social worker, a nurse, a dietitian and a fire-safety expert inspected their two-story home on a quiet suburban street, and it will be reinspected annually.

Given the vulnerability of the older veteran population, the V.A. approval process is rigorous. Only one in 10 to 15 applicants are selected. People with no formal training can apply, however, and many with family caregiving experience do. Once a veteran is placed in a home, the V.A. provides training for tasks like cleaning wounds, managing incontinence and safely transporting the new residents.

And it provides periodic respite for caregivers. “It really is 24/7 care,” Mr. Goedken said. “This is a fairly intensive expectation on our part on what they’re going to do. Some willingly back away.”

Veterans pay \$1,800 to \$3,000 a month for care, depending on their medical needs, often using their combined V.A. and Social Security benefits. Mr. Furr and Mr. Lovett each pay the Bastias \$2,000 a month for their shared bedroom and their care. The couple has another room available and is awaiting a third veteran, the maximum allowed.

A national V.A. study measuring veterans’ satisfaction and costs won’t be completed until 2013 and 2015. But 30 percent of veterans who would qualify for V.A.-paid nursing homes choose instead to pay out of pocket for medical foster homes — evidence, Dr. Edes said, that they prefer a home setting.

Even with dementia or mental illness, “they recognize this as their home. It’s very familiar,” he said. “They’re given a lot of autonomy. And it’s very one-on-one attention.”

Mr. Furr and Mr. Lovett get along well in their dorm-style room, with its twin beds and flat screen television. They take turns — Mr. Furr watches the news, while Mr. Lovett prefers football. One is a Democrat and the other a Republican, so they keep political talk to a minimum. Members of Mr. Furr’s congregation drive him to and from his Methodist church twice a week, and he often takes walks. He recently surprised his roommate, who prefers napping and relaxing at home, with a box of Lorna Doone cookies.

“I don’t expect him to be like me, and I can’t be like him,” Mr. Furr said. “So, I accept him as he is and he accepts me as I am. It’s a good deal.”